

L110000092877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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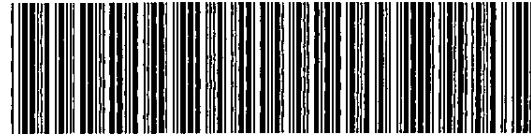
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
OCT 25 2011

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: F Cove Addiction & Treatment Center, LLC

DOCUMENT NUMBER: L 11000092877

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marc Tanner

Name of Contact Person

Fort Lauderdale Addiction Treatment Center, LLC  
~~Cove Addiction Treatment Center~~

Firm/ Company  
(524)

~~2564 NE 26 Ave~~ 524 S. Andrews Ave

Address

Ft Lauderdale Florida 33316

City/ State and Zip Code

tannemarc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc Tanner

Name of Contact Person

at ( 954 ) 445-6980

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Fort Lauderdale Addiction Treatment Center LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marc Tanner  
Name of Person

Fort Lauderdale Addiction Treatment Center LLC  
Firm/Company

524 S. Andrews Ave #302  
Address

Ft Lauderdale, FL 33316  
City/State and Zip Code

tannermarc@AOL.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc Tanner at (954) 445-6980  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

(previously mailed)

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Fort Lauderdale Addiction Treatment Center LLC  
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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

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 Firm/Company

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tannermarc@AOL.com  
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 Registration Section  
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 Tallahassee, FL 32314

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 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Cove Addiction Treatment Center, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8-12-2011 assigned  
Florida document number 211 0000 92877

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Fort Lauderdale Addiction Treatment Center LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

524 S. Andrews Ave #302  
Ft Lauderdale FL 33316

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

524 S. Andrews Ave #302  
Ft Lauderdale FL 33316

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

N/A

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO	Flavia Tanner		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
CFO	Scott Abrams	524 S. Andrews Ave P.O. Box 100000 Fort Lauderdale FL 33316	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 10-25, 2011

M L Tanner  
Signature of a member or authorized representative of a member

Marc L Tanner  
Typed or printed name of signee

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